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National Association of Area Agencies on Aging

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TESTIMONY OF

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REPRESENTING

The National Association of Area Agencies on Aging

BEFORE THE

U.S. Senate Special Committee on Aging

**“Preparing Early, Acting Quickly:
Meeting the Needs of Older Americans During Disasters”**

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Chairman Smith, Ranking Member Kohl, and distinguished members of the Committee, my name is Leigh Wade. I am the Executive Director of the Area Agency on Aging of Southwest Florida, Inc. based in Fort Myers, Florida. I am here today representing the National Association of Area Agencies on Aging (n4a), which represents our nation's 650 Area Agencies on Aging (AAAs) and is the champion in Washington, D.C. for the interests of 240 Title VI Native American aging programs.

I want to thank the Committee for inviting me here today to testify on how older Americans can best be served in advance of, during and after a disaster or emergency.

The human suffering caused by Hurricanes Katrina and Rita will linger in the American consciousness for years to come. Older adults were particularly hard hit by these disasters. We won't soon forget the images of frail women in their 80s and 90s airlifted to safety, or diabetic seniors unable to access proper medical care in an overwhelmed shelter. The loss of life is heartbreaking and staggering. It was devastating to witness elderly citizens who could not be reached by first responders; evacuated older adults killed in a bus explosion as Rita was heading toward Texas; and frail seniors abandoned and left to drown in nursing homes.

Our hearts go out to our friends in the Gulf Coast. Having lived through many Florida hurricanes, I have some idea of what they are going through and what lies ahead. Hurricanes in the Gulf Coast, wildfires in Arizona, floods in Tennessee, blizzards in Minnesota — it seems as if most of the nation has faced a natural disaster of some proportion in recent years. In natural and other disasters, older adults face more challenges, have greater needs, and require specialized attention in order to survive.

**Surviving Charley, Frances, Ivan and Jeanne: How the Southwestern Florida AAA
Responded to a Series of Disasters**

In 2004, the AAA of Southwest Florida, which serves a seven county area in Florida consisting of Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota Counties, had the misfortune of bearing the brunt of four separate hurricanes in a little over a month. Hurricanes Charley, Frances, Ivan and Jeanne, which hit in rapid succession on August 13, September 3, September 13 and September 24, were devastating to Southwest Florida. Over 65 percent of the homes in Desoto County alone received major damage. Today, more than a year later, the communities in my area are still struggling to recover.

Fortunately, in our area, we had a disaster plan. Even though initial predictions were that hurricane Charley would not hit our area, we put our disaster plan into action early on. We called local older adults to inform them of the storm's approach and to warn them of the possibility that they might have to evacuate their homes. As a result, when the time came to evacuate more than 24 hours in advance of Charley's arrival, these older adults were prepared.

It is critical that AAAs provide older adults in the community with the early warning they need to evacuate. AAAs must also make the necessary follow-up to ensure that older adults, particularly those who are homebound and dependent on support services, have the assistance they need to evacuate.

During the hurricanes, our agency worked with other local, state and federal agencies to assess the damage and respond to the needs of affected older adults. Working side by side with aging service providers in the most severely affected communities we focused on delivering meals, water and ice to older adults. Our agency staff helped transport older adults to Special Needs

Shelters and worked at Disaster Recovery Centers throughout the hurricane season to assist them in obtaining needed services.

Since the hurricanes, our agency has provided:

- 32,000 shelf-stable meals to older adult consumers;
- food replacement assistance to 475 consumers (including \$150 gift cards for food lost after the hurricanes);
- material aid assistance to 3,345 consumers;
- home repair assistance to 343 consumers; and
- first aid assistance to 121 consumers.

In providing these services, we have exhausted our Older Americans Act disaster assistance funding (totaling \$4.3 million), as well as an additional \$500,000 in emergency relief funds received from other sources. As a result, we had to cease accepting applications for assistance, even though more than a hundred applications are pending and older adults still request assistance daily.

No Ordinary Population: The Special Needs of Older Adults in Disasters

We found through our hurricane experiences, and what other communities across the nation that have had to cope with disasters know as well, that older adults have distinct needs that present challenges to community-wide emergency planning and response. Every stage of an emergency — during evacuation, at emergency shelters or when returning to the community — needs to be handled differently when dealing with frail, older adults.

Activities of daily living (ADL) are one measure of older adults' ability to care for themselves without support. One study found that 27.3 percent of community-resident Medicare recipients had difficulty performing one or more ADL; that number rose to 93.3 percent among Medicare beneficiaries in institutional care settings. In normal times, the need to provide community support to older adults is indicated, in part, by their inability to perform ADLs. That need is exacerbated in times of emergency.

To address the needs of older adults in times of disasters, a number of unique circumstances must be taken into account. These include the particular challenges of transporting older adults; providing appropriate health services and nutrition; meeting the special needs of people with limiting conditions such as hearing loss and dementia; emotional issues, complicated by separation from loved ones and caregivers; and a particular vulnerability to those who prey on older adults. I will briefly address each of these factors.

In anticipation of a disaster, seniors in nursing homes or assisted living facilities cannot necessarily travel long distances to take shelter with family, in hotels or in community centers. Even when a safe and appropriate shelter has been identified, an older person may face extreme difficulty traveling to a safe haven.

Planners need to understand the mobility and health needs of older people: the use of canes, walkers, wheelchairs or other assistive devices must be taken into consideration. Medical equipment such as oxygen tanks may be non-negotiable to someone with a chronic condition or other serious health concerns. And, as we have just seen, this equipment may require special precautions during transport. Ensuring access to medication is obviously a top priority, yet it can be difficult to achieve for both individuals and organizations amid the disruption of a disaster or emergency.

Older people are more likely to have chronic medical conditions that require prescription drugs. If in an emergency situation an older adult cannot access their medications, then they are at risk of experiencing another, more personal, health crisis. And while this population is at heightened nutritional risk, emergency food supplies such as Meals-Ready-to-Eat are not ideal in portion size, caloric value or texture to be useful to a wide range of older individuals.

During a crisis, seniors may not receive the health supports and services they need to survive. Their needs are too complex, serious and individualized to be treated with the “one size fits all” approach that shelters and relief organizations are able to offer. Volunteers and workers unfamiliar with older adults’ needs may not recognize or know how to deal with important signals about the senior’s state of mind and body. Addressing the needs of those with chronic conditions and dementia become particularly difficult in a disaster situation.

For example, an older adult with a less acute sense of hearing may not understand instructions in a noisy, crowded environment. A person with dementia may become combative when being removed from his or her home. While few people of any age relish evacuation or the community shelter experience, older adults may feel particularly vulnerable, confused and traumatized by the situation.

The very process of leaving one’s home can be especially hard on frail older persons; this so-called “transfer trauma” can lead to illness or death. The “multiple loss effect” can also affect older adults’ response to crisis. For someone who has already suffered multiple losses (of spouse, income, home or physical capabilities), the added loss from a disaster can make recovery more difficult and impair an older adult’s ability to manage the chaos both during and after the immediate crisis.

All of these special needs are intensified when an older adult is separated from his or her caregiver. During a crisis, the family, friends, neighbors or paid staff who have been assisting an older person may not be able to continue in that role, leaving the care recipient in jeopardy. Without the supports of a caregiver, he or she may experience extreme emotional stress, physical health deterioration, a lack of access to proper food or shelter, and other dangerous outcomes.

After the initial disaster, life rarely returns to normal. Family and friends may take on new caregiving roles for an older person displaced by the disaster, often adding tremendous strain to an already difficult situation. Many caregivers are themselves older Americans, caring for aged parents or ailing spouses, and the stress of the disaster may be more than they can handle.

As in the general population, cultural, religious and language barriers arise when providing care to older adults. Additionally, generational differences may occur. The range of responses to offers of assistance may be driven, in part, by one's age and life experiences. AAAs serve adults over age 60; the needs of a 62-year-old married couple may differ greatly from an 88-year-old widow's, as may their comfort with accepting help.

Our experience has also shown that it is more difficult for older adults to reconstruct their lives after a disaster — and in fact, some never do. One of the reasons for this is that older people are slower to register for disaster assistance. Older adults process the crisis at a different pace, may be less willing to ask for help until it is absolutely necessary, and may have difficulty getting to or standing in line at centralized assistance locations. When assistance centers end their operations after what appears to be a reasonable amount of time, it may in fact be far too early

for older adults who have not had the opportunity to fully assess their needs and access services.

As the disaster wanes, new concerns arise for older adults. Fraudulent contractors or scam artists move in, looking to financially exploit survivors. Older people may be susceptible to physical or mental abuse by family or other caregivers, as new living arrangements, the stress of the crisis, or other factors make them more vulnerable. My agency experienced a significant increase in domestic abuse reports among our clients in the months following last year's hurricanes.

Key Challenges

By definition, disasters and other emergencies reduce any agency's capacity to conduct business as usual. The rest of my testimony will address the key role that AAAs can play, if supported, in disaster preparedness. In order to succeed as a "first responder" for older adults, the aging network must have better access to decision-makers, be directly involved in long-range planning, be at the table in order to coordinate services, and have adequate resources and technology and communication tools to adequately respond to older adults' needs.

First, I would like to turn to three major challenges presented in evacuating older adults and providing support services at shelters and temporary housing. As we have seen with the recent hurricanes in the Gulf Coast, special needs must be considered when moving older adults and persons with disabilities from long-term care facilities and assisted living centers.

Organizing safe and accessible transportation is critical and AAAs can play an important role in organizing transportation for older adults during disasters. They have a wealth of experience in

working with community transportation authorities and providers through their assisted transportation programs.

Finding appropriate temporary housing for older adults is another major challenge. In Southwest Florida many long-term care facilities and assisted living centers were closed permanently or for an extended period of time after the hurricanes. A major problem in Louisiana during hurricane Rita was that there was a large number of long-term care facility residents who had to be relocated, but many of the facilities in the northern part of the state were already filled with evacuees from Katrina. AAAs can assist in assessing the needs of older adults for housing assistance, as well as connecting them to other needed services.

Providing continuity of services to older evacuees as they move from shelters to other temporary housing has also been a significant challenge. Our agency had difficulty locating older adults who needed gap-filling services due to regulations that prevented the Federal Emergency Management Agency (FEMA) from disclosing their new location once they had moved from the shelters to temporary housing in the FEMA cities. AAAs need to have access to older adults in order to ensure that they get the services that they need.

Recommendations

To effectively assist older adults during times of crisis, I join with n4a in offering you the following recommendations. The recommendations encompass five areas: 1) long-range planning; 2) coordination; 3) communications and technology; 4) resources; and 5) review and assessment.

Long-range planning is undoubtedly the most important component of emergency preparedness, and the success or failure of such planning will affect every subsequent step in disaster response efforts.

AAAs must be at the table when federal, state and local governments draft emergency plans. We represent a vulnerable population whose special needs are not always appropriately supported in times of crisis. We have a lot to offer in emergency situations, including access to qualified staff, supplies and other resources, and direct ties within our communities. Emergency and relief personnel should be prepared and directed to work in concert with AAA staff and volunteers so that older adults are provided appropriate, flexible and responsive assistance. This cannot happen unless AAAs are directly involved in the long-range disaster planning process.

Long-range planning must involve strategies for different types of disasters, e.g., natural disasters, acts of terrorism, transportation accidents, power shortages and others that may arise. In addition, the full range of AAA services such as information and referral assistance, nutrition programs, in-home services, senior centers, transportation, and volunteers need to be considered in the planning process and included in disaster response plans.

Second only to long-range planning is coordination. The aging network excels at coordinating care for older adults because it allows for effective coordination among federal, state, and local aging entities. **In times of crisis, AAAs need to be directly involved in the coordination of emergency response agencies, relief organizations, governments or any other institution tasked with disaster relief service delivery.** Being involved in long-range planning will formalize our role in the disaster response, but coordination is critical once disaster strikes.

One way that the Southwest Florida aging network stayed in touch during last year's hurricanes was through a daily conference call involving service providers in all of the affected areas. Through this single action, the group learned about recovery efforts in each area, what worked, and what didn't, and what assistance was still needed. The least affected areas were able to offer volunteer assistance, coordinate resources and develop a plan for the next day's activities. The calls also helped to provide needed support to service providers, preventing them from feeling overwhelmed or alone during a difficult time.

Outside the aging network, however, it can be difficult for AAAs to initiate coordination efforts. From talking to my colleagues at other AAAs around the country, I can tell you that while there is variation by region and county, AAAs often encounter road blocks when trying to coordinate our missions with those of relief organizations or federal government agencies. Given the nature of varying organizations' structures and mandates, combined with the urgency and dangerous conditions that follow a disaster, this is not surprising. But better coordination between AAAs and relief organizations working on the ground would dramatically improve outcomes for older victims of disasters. Our staff members and service providers know the community, they know the residents, and they know how to help. When it appears that a disaster may strike, our agencies can share information with federal and state governments about the concentration of older adults, the homebound population, nutrition sites and adult day-care locations in our community.

Without coordination, inefficiency and chaos create problems for the older population. For example, last year in my region, AAA caseworkers were turned away from temporary housing sites where some of our clients resided. Regulations prohibited our caseworkers from reaching the very people who most needed their assistance. We need to remove barriers that prevent the AAAs' full participation in disaster relief efforts. Furthermore, to better coordinate evacuation

plans, AAAs need to develop contingency plans in coordination with local officials for moving older adults with special needs, such as the visually impaired, hard of hearing, or those with limited mobility, and individuals who require emergency supplies or medication.

Communications and technology are critical to effectively responding in times of emergency.

AAAs should have functional plans and the necessary communication technology to adequately respond to emergencies and disasters. Those plans should include a predetermined “phone tree” and “redundancy” communications plan, so that they know when and how to notify staff, older adults and volunteers of emergency situations. The written communications plans should have current contact information for all key agencies, including fire department, police, ambulance, hospital emergency rooms and local emergency management offices. Because it will be particularly challenging for AAAs to identify where the most vulnerable older adults reside if agency offices and files become inaccessible in a disaster, a back-up system equipped to handle such scenarios is critical.

Since regular phone lines are often unreliable during disasters, every AAA should have multiple forms of communication. Satellite phones, wireless Internet access, Blackberries or other hand-held devices, and two-way communications equipment can be essential to maintaining open communications during disasters. However, communication technology must be compatible with equipment used by other local response agencies.

Obtaining adequate resources in a timely manner has been a barrier to effective emergency planning and coordination, and consequently to responding to the needs of the aging community during disasters. **AAAs need federal, state and local government financial assistance in order to actively participate in long-range emergency planning and to put in**

place the communications infrastructure required to better respond to the needs of older adults during disasters.

The demographic shift resulting from the aging of the baby boomers reinforces the need for communities of all sizes to begin to address a range of community planning issues that will have a direct impact on the aging population. To help facilitate communities' overall preparedness to meet the needs of the growing aging population, n4a has proposed establishing a new title in the Older Americans Act that would support AAAs and Title VI Native American aging programs in helping county and city governments adequately prepare for the changing demographics.

AAAs and Title VI Native American aging programs have a mandated role in the Older Americans Act to create multi-year plans for the development of comprehensive community-based services to meet the needs of older adults. As such, they are uniquely positioned to coordinate with other local agencies to address the specific challenges of meeting the needs of older adults in the areas of transportation, housing, workforce development, public safety and disaster preparedness.

To do this we need increased support at the AAA level and the U.S. Administration on Aging (AoA) needs support at the federal level. n4a and I want to commend AoA Assistant Secretary Josefina Carbonell and her staff for their immediate "on the ground" support in Florida last year and the Gulf Coast this year. However, AoA has limited disaster funds, the distribution of which is complicated by the timing of the federal government's fiscal year. For example, the AoA disaster assistance funds for hurricane Charley, which hit in late August, were quickly exhausted once they were finally made available in January. Additionally, FEMA funds, which came through the state, were also slow and delayed payments to local providers for six months. To the degree that federal funding requirements can be streamlined to allow AoA and FEMA to

more quickly distribute funds to state and local aging agencies, it would enable us to more easily obtain services from local provider organizations and secure critical relief supplies for older adults.

Finally, AAAs need to be involved in the review and assessment process. To capture the true impact of a disaster on a community and to improve plans for the future, the aging network must once again be at the table. In Florida, we are still working with some clients on recovery assistance–related issues over a year later, so a truly final assessment cannot be done. But the lessons we learned from the 2004 hurricanes have already influenced our future emergency preparedness plan, helping us to improve our planning and response for when the next disaster strikes.

Thank you, Mr. Chairman, for holding today’s hearing to call attention to the special needs of America’s seniors as the nation examines how to enhance federal, state and local disaster preparedness efforts. I would be happy to answer any questions you may have.